

Southeast EMS Region Newsletter  
February 2006

**E-Mail Addresses** – In an effort to expedite communications between the EMS Program and my Southeast Regional Services, I will be creating a list of Email addresses of those individuals who need to be contacted or who would like to be included in these regular newsletters. All e-mail addresses will be kept confidential and are solely for the use of the Southeast Regional Coordinator.

Please send your Email address to [doug.fuller@hhss.ne.gov](mailto:doug.fuller@hhss.ne.gov)

**Continuing Education Areas of Focus** – During the continuing education grant cycle of July 1, 2006 through December 31, 2006 the EMS Program will focus it's funding on those classes that are based on one of the eight areas of training as described by the DOT for EMS Providers. These modules are Preparatory, Airway Management, Patient Assessment, Medical Emergencies, Trauma, OB/PEDS, Operations and Advanced Airway Management. To identify some possible class ideas based on these modules you may want to take a look in a First Responder or EMT textbook based on the DOT. If Garry Steele, EMS Education Specialist, or I may be of assistance please contact us at one of the following numbers (800) 422-3460 Ext. 26 for Doug Fuller or (800) 422-3460 Ext. 22 for Garry Steele. The following is the web site for the EMS Program <http://www.hhss.ne.gov/ems/emsindex.htm>. Click on education and training and click on the Grant Application and follow the directions to apply.

**Specialty Classes** – In addition to the regular continuing education calendar classes each EMS Coordinator will be conducting two continuing education classes in each of the following areas – Airway, Immobilization, Infectious Disease and Assessment. Please contact me if your service is interested in hosting one of these classes. In order to host a class your service must not have recently hosted a continuing education class.

**Service Visits** – During 2006 I will be visiting at 18 ambulance services on their monthly meeting night. If you are interested in having me visit your service please call me in order to make arrangements.

**EMT and First Responder Basic Trainings** – Through out the coming year I will be visiting the basic trainings being held in the Southeast EMS Region. This gives me the opportunity to welcome potential new EMS Providers to the world of emergency care.

**e-NARSIS** – A passion of mine as an EMS Specialist is to ensure that the entire “story” of the patient is documented in exacting detail. Each patient trusts us with the details of their life in their moment of need. Our responsibility does not end with treating the minor wound or performing life-saving CPR. Our responsibility ends when we have written their story providing the necessary memory.

Over the years, the EMS Program has implemented many documentation tools, but none as exciting as e-NARSIS. To learn more about e-NARSIS and all of its capabilities please contact me.

**Survey, Survey, Survey** – Many of us in the business of EMS know that EMS is not like any other public health entity. Many entities within the provision of public health will come and go but EMS will always remain the “safety net.” In order for EMS to continue to be a leader in the State of Nebraska, the EMS Program has commissioned a survey to collect certain facts about our EMS providers. From these questions will come answers, answers that will shape the emergency medical services system of tomorrow as well as a better response to the emergencies of today. With the rapidly changing demographics of rural and urban Nebraska, the way emergency medical services have been provided in the past will need to change. Yes there are certain areas of our State that can stand-alone and face the future, however; there are far more cities, towns and villages that are struggling to provide adequate emergency medical services to their respective communities. If you have not filled out the survey, please take the time to do so now. I would also like to express my thanks to all my services in Southeast Nebraska that have completed this critical survey. The survey may be accessed at <https://han.ne.gov/survey> by those services that have not completed the survey.

**Dr. Don Rice** – The rumor is going around that Dr. Rice is no longer available to be of assistance to services and their providers in matters of EMS and in particular e-NARSIS. This rumor is false. While Dr. Rice has started his own emergent care clinic in Lincoln he is still more than willing to field questions and give guidance. Dr. Rice may be contacted at 402-488-4321. He also may be contacted at (402) 488-4321 or via e-mail at [drice1@neb.rr.com](mailto:drice1@neb.rr.com).

**Headquarters Troop CISM** – In the near future Deb Kuhn will be assuming the responsibility of CISM Coordinator for Headquarters Troop. Deb has filled this role in the past and will do an excellent job. This change was precipitated by job realignments with Deb’s and my workload. I will continue to be Deb’s assistant and for the foreseeable future still carrying out the call out of teams for debriefings. Deb may be reached at [deb.kuhn@hhss.ne.gov](mailto:deb.kuhn@hhss.ne.gov).

I also want to take a moment to introduce Marty Klein as the new Statewide CISM Coordinator. Through his guidance I anticipate seeing a new and revived CISM Team for Headquarters Troop. For those interested in learning more about CISM please contact me. In the near future, current CISM team members will be receiving a letter from Marty.

Remember if your service is in need of the services of the CISM Team simply call the State Patrol and ask for Communications at 402-471-4545. Tell them that you are in need of the CISM Team and we will be there to assist you.

**Rule and Regulations Changes** – On January 25, 2006 new EMS rules and regulations went into effect for Services, Providers, Training Agencies and Use of Automatic Defibrillators. Many of these changes affect the way your service and you as EMS Providers are currently operating. A copy of the rules and regulations may be downloaded from the Internet by accessing the EMS Credentialing website at <http://www.hhs.state.ne.us/crl/rce/ems/ems.htm>.

If there are any concerns or questions about the new rules and regulations please contact me at [doug.fuller@hhs.ne.gov](mailto:doug.fuller@hhs.ne.gov) or at 402-471-3578 or you may also contact Diane Hansmeyer at [diane.hansmeyer@hhs.ne.gov](mailto:diane.hansmeyer@hhs.ne.gov) or at 402-471-0547. All final interpretations of rules and regulations rest with Diane's Office. However, Diane usually speaks with Dean Cole, the EMS Program Manager, and/or the EMS Coordinator prior to making her final decision.

The following is a summary of the changes, HOWEVER, it is the responsibility of each Service and EMS Provider to know and abide by the changes.

### **172 NAC Chapter 11, Out-of-Hospital Emergency Care Providers**

- Added a list of documentation that an individual convicted of a misdemeanor or felony would need to submit with his/her application for a certificate to practice.
- Added an explanation of the administrative penalty that can be assessed if a person/service practices without a certificate. This information was also added to Chapter 12.
- Added the waiver of continuing education hours when a person has served in the military or suffered from a disabling or serious illness or physical disability that prevented completion of the continuing education hours. An individual who falls in either of these categories will have to apply for the waiver at the time of renewing his/her certificate. The Board of Emergency Medical Services will review the request and required documentation and make a decision to grant or deny the waiver.
- Clarified in the practices and procedures section for first responders that a first responder may perform manual stabilization of musculoskeletal injuries.
- Added to first responders practices and procedures the use of spinal immobilization devices and extremity immobilization devices as long as the first responder is with a licensed emergency medical service, has taken the additional training through an approved training agency and has approval of the service's physician medical director.
- Added to EMTs practices and procedures, the use of oximeters and administration of albuterol as long as the EMT has taken the additional module through an approved training agency and has the approval of the service's physician medical director.

Please note the need for training before using an oximeter. This training must be taken through a state approved training agency. This training must be taken by **ALL** EMT's who have previously used an oximeter. Also before conducting an albuterol treatment, an EMT must complete training and the training must be taken through a state approved training agency.

- Added the administration of the following drugs to the list of drugs that EMT-Intermediates may administer:
  - ✓ Vasopressin
  - ✓ Amiodarone
  - ✓ Glucagon
  - ✓ Benadryl
- Added the use of blood and blood products to the EMT-Paramedic practices and procedures.
- Revised the section on reinstatement from disciplinary action.
- Added fees for certification and verification of a credential and for a duplicate credential. These fees are also added to Chapter 12.
- Added a section regarding the procedure for issuing an administrative penalty. This section was also added to Chapter 12.

### **172 NAC Chapter 12, Emergency Medical Services**

- Changed the requirement that services must have a communications system that is capable of two-way radio communication to two-way communication.
- Changed the regulation that required the Board to annually develop and revise a recommended list of supplies and equipment to develop and revise as needed.
- Clarified requirement 12-003.04F5 to only allow out-of-hospital emergency care providers or physicians, physician assistants, registered nurses and licensed practical nurses to practice to the level of care of the service.
- Added the requirement that on all runs an ambulance or aircraft must be staffed by at least one EMT, Intermediate, or Paramedic to provide patient care and one person to drive the ambulance or operate the aircraft.

- Clarified the format that patient records may be maintained to include microfilm, electronic or other similar forms and added that in the case of minors, the records must be kept until three years after the age of majority has been attained.
- Added the requirement that all available patient care data must be given to the receiving health care facility or EMS service when a patient is transferred to the facility or another EMS service.
- Clarified destruction of records and closing of a service.
- Under Personnel Training Standards added that the infection control, hazardous materials, personal safety issues and other training as directed by the physician medical director must be done by the service for its members every three years.

Clarified the section on the requirements for changing a physician medical director.

#### **Title 172 NAC 13 Emergency Medical Services Training Agencies**

Please contact Garry Steele, EMS Training and Education Specialist, for details concerning rule and regulation changes for Training Agencies. Garry may be contacted at 402-224-3298 or 800-422-3460 Ext. 22.

#### **Title 172 NAC 14 Use of Automatic External Defibrillators**

The requirement to be trained prior to use of an AED has been eliminated.

#### **Scope of Practice Table**

Attached is a table that lists the skills that may be performed by EMS Providers. I cannot emphasize this point enough. Just because a skill is listed on this table **does not** mean a FR, EMT, EMT-I or EMT-P can practice this skill **until**:

1. You have received appropriate training from the appropriate training source **AND**
2. You must have the permission of your physician medical director to practice that skill.

#### **IMPORTANT - Added Skill to EMT**

The use of an oximeter by EMT Basics has been added to the rule and regulation changes. I realize that EMT's have been using oximeters for many years. However, the use of these devices prior to these rules and regulations was not an approved skill. All services that have personnel at the EMT Basic Level **must no longer utilize this skill until EMT's take the State approved oximeter course.** This course is available through your local training agency. Following training and before placing the oximeters back in service the physician medical director must approve the use of oximeters.

**Questions** – If you have any questions regarding EMS Please contact me at (800) 422-3460 Ext. 25 or at [doug.fuller@hhss.ne.gov](mailto:doug.fuller@hhss.ne.gov). Dian Hansmeyer is also available for questions regarding rules and regulations at the same toll free number as mine but at Ext. 13 or at [diane.hansmeyer@hhss.ne.gov](mailto:diane.hansmeyer@hhss.ne.gov).